7/18/02

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

NOV 1 4 2007 and 14 Michael W. Dobbins CLERK, U.S. DISTRICT COURT

IN FORMA PAUPERIS APPLICATION
AND

FINANCIAL AFFIDAVIT TONY ThomAS 07CV6443 JUDGE NORGLE Terry L Mc Cand MAG. JUDGE SCHENKIER Wherever □ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT: _____, declare that I am the □plaintiff □petitioner □movant I, TONY THOMAS) in the above-entitled case. This affidavit constitutes my application 11to proceed without full prepayment of fees, or in support of my motion for appointment of counsel, or toth. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury: (If "No," go to Question 2) □No Are you currently incarcerated? 1. I.D. # B-38807 Name of prison or jail: Do you receive any payment from the institution? Wes INo Monthly amount 10:00 Are you currently employed? 2. Monthly salary or wages: Name and address of employer: If the answer is "No": a. Date of last employment: Monthly salary or wages:____ Name and address of last employer:_

3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.

□Yes

Are you married?

Spouse's monthly salary or wages:___

Name and address of employer:

b.

| a. Salary or wages | □Yes | D2n√o |
|--------------------|------|-------|
| AmountRe | | |

| Amount | fession or □ other self-employment Received by | □Yes | Ċ |
|--|---|--|-----------------------|
| c. | □ interest or □ dividends Received by | □Yes | esk |
| d. □ Pensions, □ soc compensation, □ u | cial security, □ annuities, □ life insura nemployment, □ welfare, □ alimony or n | nce, □ disability, naintenance or □ | , 🛘 worl child sup |
| Amount | Received by | □Yes | |
| e. | ritances | □Yes | ⊡ r € |
| Amount | Received by | | |
| f. Any other source Amount | s (state source:Received by | _) □Yes | |
| savings accounts? | ing at the same address have more than □Yes ☑No TotaRelationship to you | il amount: | |
| | | | |
| Imancial instruments? | ring at the same address own any stock | □Ves | IZT |
| Property: | Current Value: | □Yes | 127 |
| Property: In whose name held: Do you or anyone else li | Current Value: | □Yes | apartm |
| Imancial instruments? Property: In whose name held: Do you or anyone else li condominiums, cooperativ | Current Value: Relationship to you ving at the same address own any rea | □Yes : l estate (houses, | apartm |
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| allegation of poverty is untrue Date: 1/- 9 - 0 7 | |
|---|---|
| | (Print Name) |
| covering a full six months before | rust fund accounts. Because the law requires information as to such accounts or you have filed your lawsuit, you must attach a sheet covering transactions d by each institution where you have been in custody during that six-month the Certificate below completed by an authorized officer at each institution. |
| | |
| | CERTIFICATE (Incarcerated applicants only) see completed by the institution of incarceration) |
| (To l | CERTIFICATE (Incarcerated applicants only) Descompleted by the institution of incarceration) The med herein,, I.D.#, has the sum |
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| (To lead of \$on account further certify that the applicant certify that the applicant that the applicant that the applicant further certify that during the past size. | CERTIFICATE (Incarcerated applicants only) Descripted by the institution of incarceration) med herein,, has the sum int to his/her credit at (name of institution), cant has the following securities to his/her credit: I furthe |

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(Print name)